

North American Air Travel Insurance Agents Ltd.
d.b.a. **Travel Underwriters**, a licensed insurance broker

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Refund Application

In order to process your client's refund correctly, please complete the entire form.
Refund requests received with incomplete information will not be processed.

REFUND APPLICATION Procedures

- All requests for refund must be submitted to Travel Underwriters using this Refund Application form. Please photocopy a supply for your office.
- Refunds are only available in specific situations; please refer to the Refund section of the Policy Wording for a complete description of refund rules.
- Refunds are issued based upon the Policy Wording version in effect on the policy application date.
- If you have determined that a refund is available, please complete the Refund Application (below). Travel Underwriters cannot determine if a refund is available until all applicable documents are reviewed.
- Supporting documentation from the Insured will be required for each refund. Refer to the Refund Application (below) for details.
- When Travel Underwriters has determined if a refund is available, a letter will be sent to your office providing instructions for refunding the Insured.
- Refunds are subject to a administration fee.

REFUND APPLICATION Form

Policy Details

NAME OF PERSON REQUESTING REFUND: _____

AGENCY NAME: _____ AGENT CODE: _____

POLICY NUMBER: _____ DATE OF REFUND REQUEST: *YYYY-MM-DD*

Name(s) of Insured(s) Requesting Refund

FULL REFUND

PARTIAL REFUND

NOTE: A full refund is only available prior to the effective date of the policy.

Partial Refunds for Early Return (Subject to administration fee.)

DEPARTURE DATE: *YYYY-MM-DD* EARLY RETURN DATE: *YYYY-MM-DD*

Reason for Refund

Documentation Enclosed

- Proof of date of return, for partial refunds only.* Visitors to Canada/Students who have become eligible for a Provincial Medical plan must include a copy of the letter from the provincial plan indicating the date coverage began.
- Copy of Death Certificate, if applicable.

** If adequate documentation is not received or cannot be obtained, calculation of refund will be based on the post marked date of your written request, provided request is received no later than 30 days after your actual return date and prior to expiry date. If you are in a broker's office requesting a refund and are unable to provide one of the documents as proof of return, the amount of the refund will be calculated based on the date you are in the broker's office.*

Insured or representative of the insured's Declaration

I / We hereby request cancellation of the above Policy as of *YYYY-MM-DD* I / We hereby declare and agree that no claim has been or will be submitted under the above noted Policy Number. I / We agree to surrender all copies of the Application for Insurance and Policy as shown above. Date of cancellation must be the same as the date document is signed by insured.

Insured's Signature _____ Date *YYYY-MM-DD*

Representative of the Insured's Signature _____ Date *YYYY-MM-DD*

Internal Use Only
Admin Fee: _____
Authorized By: _____
Date Processed: _____